

CAR WASH LICENSE APPLICATION

NEW RENEWAL TRANSFER

Please Print All Information Date: _____

Business Name: _____

Business Address: _____

_____ (City) _____ (State) _____ (Zip Code)

Business Telephone Number: _____

FULL Name of Owner(s): _____

Address of Owner(s): _____

Residence Telephone Number(s): _____

Birthdate of Owner(s): _____

Michigan Driver's License Number(s): _____

If transfer, name of previous business: _____

EMAIL: _____

Name and address to which any and all correspondence should be directed:

I hereby state that I have read the provisions of the applicable Township Ordinance, and I fully understand the terms of same and know that I must comply with it and all other Township Ordinances and State Laws relative to the operation of a business in the Charter Township of Clinton.

FULL Name (Signed): _____

FULL Name (Printed): _____

(First) (MIDDLE) (Last)

License Fee: \$25.00 **Transfer Fee:** \$25.00
Renewal Fee: \$25.00
Expiration Date: November 1st of each year

Make check payable to: Clinton Township

AUTHORIZATION FOR RELEASE OF ALL INFORMATION

TO WHOM IT MAY CONCERN:

You are hereby authorized and requested to furnish and release to the Clinton Township Police Department or their representative any and all information which may be requested relative to me, past or present, and to furnish copies of any and all records which you may have concerning me.

I hereby expressly waive any and all privilege which otherwise might attach to such communication or disclosure.

Photostatic copy of this authorization may be used in place and instead of the original.

Applicant's FULL Name (Signature): _____
 (First) **(Middle - Please!)** **(Last)**

Applicant's FULL Name (Printed): _____
 (First) **(Middle - Please!)** **(Last)**

Birthdate: _____

Michigan Driver's License Number: _____

IF MORE THAN ONE APPLICANT, PLEASE COMPLETE THE FOLLOWING FOR THE SECOND APPLICANT:

Applicant's FULL Name (Signature): _____
 (First) **(Middle - Please!)** **(Last)**

Applicant's FULL Name (Printed): _____
 (First) **(Middle - Please!)** **(Last)**

Birthdate: _____

Michigan Driver's License Number: _____

Witnessed by: _____

Dated: _____

Return Application, Check and Authorization for Release Form to:

KIM MELTZER, CLERK
Charter Township of Clinton
40700 Romeo Plank Road
Clinton Township, MI 48038